

For Official Use-Only

1. File Number U - 372

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name	Theodore	J	Studer
------	----------	---	--------

P.O. Box, Bldg., Room No., if any Suite 300

Street 999 McClintock Drive

City Burr Ridge

State	Illinois	ZIP Code + 4	60527-0844
-------	----------	--------------	------------

4. Name, file number, and address of labor organization.

Name	Laborers' District Council of Chgo & Vicinity
------	---

Labor Organization File Number 014-796

P.O. Box, Building and Room Number, if any Suite 300

Street 999 McClintock Drive

City Burr Ridge

State	Illinois	ZIP Code + 4	60527-0844
-------	----------	--------------	------------

5. Position in labor organization. Organizer

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/1/2005

Date _____

630/655-8289

Telephone Number

Name of Person Filing Theodore Studer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chgo Area Laborers-Employers Coop & Edu Trus

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 302

Street 999 McClintock Drive

City Burr Ridge

State Illinois ZIP Code + 4 60527-0844

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LECET is a trust that promotes union contractors and union laborers in the construction industry in a nine county area in northeastern Illinois.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

LECET hosts an annual safety incentive luncheon which honors union contractors' and laborers' dedicated to safety in the construction industry workplace. The value of the lunch and coaster is \$56.00.

12.b. Amount.

\$56

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.